MADERA POLICE DEPARTMENT LOCAL CRIMINAL HISTORY CHECK

APPLICATION

| APPLICANT'S | S NAME: | | | | |
|--------------------------------------|--------------------|----------------|-----------------|-----------------|-------|
| | Last | | First | Middle | |
| DATE OF BIRTH:PLACE OF BIRTH: COUNTY | | | | | |
| HEIGHT: | WEIGHT: | HAIR | EYES_BRN | N RACE | SEX |
| OTHER NAM | ES USED BY APP | LICANT (Incl | udes maiden na | me, nicknames,e | tc.): |
| | | | | | |
| HOME ADDR | ESS: | | | | |
| | NUMBER | APT. | CITY | STATE | ZIP |
| MAILING AD | DRESS (If differen | t from above): | | | |
| | RESSES IN LAST 5 | | | | |
| | E NUMBER: | | | | |
| DRIVERS LIC | CENSE NUMBER (| Required): | ST | ГАТЕ: | |
| PASSPORT NUMBER:DATE ISSUED: | | | | | |
| REASON FOR | R REQUEST:(Requi | red): | | | |
| | | | | | |
| | | | | | |
| Applicant's Signature (Required) | | | Date of Request | | |

NOTICE OF APPLICANTS: We accept original drivers license, passports, military identifications and state issued identifications. Office staff will make copies documents. Birth certificates will not be accepted as a form of identification. A response will be mailed to you within 2 weeks. Request for this information must be made in person by the applicant. No personal checks will be accepted; cash, money orders or credit cards are accepted. Form must be filled completely.